The Waukesha County Sheriff's Department presents:



The **Eddie Eagle GunSafe**® program is a gun accident prevention program that for over 30 years has helped keep kids safe. The program was developed by a task force made up of educators, school administrators, curriculum specialists, urban housing safety officials, clinical psychologists, law enforcement officials and National Rifle Association firearm safety experts. It began in 1988 with one mission: teach children four simple, easy to remember steps so they know what to do if they ever come across a gun. In 2015 the NRA introduced a fresh, new Eddie and added some friends—his Wing Team. Though Eddie has evolved, his mission has not. Now celebrating its 30th anniversary, Eddie and his friends are still focused on telling children that if they see a gun, they need to Stop! Don't touch. Run away. Tell a grown-up.

REGISTRATION is *FREE*:

DATES:

Tuesday September 17, 2019 Tuesday October 22, 2019 Tuesday November 12, 2019

TIME: 6:30 p.m. to 7:30 p.m.

LOCATION:



Waukesha County Sheriff's Dept. 515 W. Moreland Blvd. Waukesha, WI 53188 (262-548-7122)

You talk about stranger danger, Internet safety, fire drills and more with children...so why not include gun safety? The program makes no value judgments about firearms, no firearms are ever used, and it covers an important topic that needs to be addressed with kids. Like swimming pools, electrical outlets and matchbooks, firearms are simply treated as a part of everyday life. With firearms found in about half of all American households, it's a stance that makes sense.

EDDIE EAGLEGunSafe® Program



REGISTER BY MAIL OR E-MAIL

WSD Eddie Eagle Program, 515 W. Moreland Blvd., Waukesha, WI 53188 Or email to: atesch@waukeshacounty.gov

Choose Session:

- o Tuesday September 17, 2019
 - o Tuesday October 22, 2019
- o Tuesday November 12, 2019

CHILD #1/NAME:	AGE:
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
CHILD #2/NAME:	AGE:
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
CHILD #3/NAME:	AGE:
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
PARENT(S)/GUARDIAN:	
NAME(S):	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE/E-MAIL:	

WAUKESHA COUNTY SHERIFF'S DEPARTMENT

ACTIVITY WAIVER



I hereby give permission to Waukesha County Sheriff's Department employees, for my child(ren) to take part in the Eddie Eagle Program. Should my child require immediate or emergency medical care while engaged in the activity sponsored, in my absence, I hereby grant the authority to release my child(ren) for medical treatment/personnel as appropriate under the circumstances. In consideration for the privilege of allowing my child(ren) to participate in the above-named activity, I agree to release and hold harmless Waukesha County, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above identified child(ren) while participating in the program. Further, I agree to indemnify and hold harmless the County, its officers and agents with respect to any claim asserted by or on behalf of my child(ren) as a result of bodily injury/illness or damage.

INDICATE ANY ALLERGIES OR ILLNESSE	S FOR EACH CHILD BELOW:
SIGNATURE OF PARENT/GUARDIAN:	
	DATE:

INDICATE ANY ALLED CIEC OD HILNEGGEG FOR EACH CHILD DELOY

Waukesha County Sheriff's Department - 515 W. Moreland Blvd., Waukesha, WI 53188 - 262-548-7122

PLEASE READ CAREFULLY, THIS FORM IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION